



**Political Party**  
**Signature Authorization**  
For Electronic Financial Disclosure

I, \_\_\_\_\_ of  
(Treasurer's name)

\_\_\_\_\_  
(name of Political Party)

\_\_\_\_\_  
(county)

\_\_\_\_\_  
(address, city, state, zip)

\_\_\_\_\_  
(phone number)

\_\_\_\_\_  
(e-mail address)

affirm that reports of Contributions and Expenditures filed electronically with the  
Lieutenant Governor's Office, using the Utah Reporting System, are complete,  
true and correct in accordance with Utah Code Section 20A-11.

I authorize the Lt. Governor's Office to accept our reports filed electronically.

\_\_\_\_\_  
Signature of Treasurer

\_\_\_\_\_  
Date

**To File This Form**

Mail or deliver to  
Lieutenant Governor's Office  
Utah State Capitol Complex  
East Office Building, Suite E325  
Salt Lake City, UT 84114-2325  
Fax (801) 538-1133

**For More Information Call:**

(801) 538-1041  
1-800-995-VOTE (8683)  
[elections@utah.gov](mailto:elections@utah.gov)

12/06

**For Office Use Only**

e-mail \_\_\_\_\_  
fax \_\_\_\_\_  
mail \_\_\_\_\_  
in person \_\_\_\_\_

\_\_\_\_\_  
Date Received